Fill in this information to identify your	Fill in this information to identify your case:						
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OKLAHOMA							
Case number (if known):	Chapter you are filing under: ✓ Chapter 7 Chapter 11 Chapter 12 Chapter 13						

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name th government-issue	ed picture First Name	First Name
identification (for	D	
your driver's licen passport).	se or <u>Dewayne</u> Middle Name	Middle Name
	Johnson	
Bring your picture identification to yo		Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names	you	
have used in the years	last 8 First Name	First Name
Include your marr	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 di	igits of	
your Social Secu	VVV - VV - 1 E	7 6 xxx - xx
number or federa Individual Taxpa	OR	OR
Identification nui	mber 9xx - xx	9xx - xx

Debtor 1 James Dewa		James Dewayne J	ohnson	Case number (if known)
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	and Er	usiness names mployer	✓ I have not used any business name	nes or EINs.
	(EIN) y	ication Numbers you have used in st 8 years	Business name	Business name
		e trade names and	Business name	Business name
	doing b	ousiness as names	Business name	Business name
			-	-
			EIN — — — — — —	_
5.	Where	you live		If Debtor 2 lives at a different address:
			321 S. Madison Apt. C Number Street	Number Street
			Bartlesville OK 7400	006
			City State ZIP C	
			Washington County	County
			If your mailing address is different from the one above, fill it in here. Note that court will send any notices to you at this mailing address.	at the from yours, fill it in here. Note that the court
			Number Street	Number Street
			P.O. Box	P.O. Box
			City State ZIP C	Code City State ZIP Code
6.		ou are choosing	Check one:	Check one:
	tnis di bankri	strict to file for uptcy	Over the last 180 days before filing petition, I have lived in this district than in any other district.	
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	Part 2:	Tell the Court A	about Your Bankruptcy Case	
7.	Bankr	napter of the uptcy Code you	· ·	ach, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing the top of page 1 and check the appropriate box.
	under	oosing to file	Chapter 7	
			Chapter 11	
			Chapter 12	
			Chapter 13	

Deb	James Dewayne J	ohnson		Case number (if know	vn)			
8.	How you will pay the fee	cour pay	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
			I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).					
		By la than fee i	aw, a judge may, but is not re 150% of the official poverty n installments). If you choos	line that applies to your family siz	y do so only if your income is less e and you are unable to pay the Application to Have the Chapter 7			
9.	Have you filed for	☑ No						
	bankruptcy within the last 8 years?	Yes.						
		District _			Case number			
		District		MM / DD / YY				
		District _		when MM / DD / YY	Case number			
		District _		When	Case number			
10.	Are any bankruptcy	☑ No		, 55, 11				
	cases pending or being filed by a spouse who is	Yes.						
	not filing this case with you, or by a business	Debtor _		Relati	onship to you			
	partner, or by an	District			Case number,			
	affiliate?	_			/YY if known			
		Debtor _		Relati	onship to you			
		District _		When	Case number,			
				MM / DD / Y	ryy if known			
11.	Do you rent your	□ No.	Go to line 12.					
	residence?	✓ Yes.	Has your landlord obtained	d an eviction judgment against yo	u?			
			No. Go to line 12.					
				atement About an Eviction Judgm nis bankruptcy petition.	nent Against You (Form 101A)			

Deb	tor 1	James Dewayne Jo	hnsc	n			Case number	(if known)		
P	art 3:	Report About Ar	ıy Bı	usine	sses You Own as	a Sole P	roprietor			
12.		a sole proprietor ull- or part-time s?			Go to Part 4. Name and location of b	ousiness				
	busines	roprietorship is a s you operate as an al, and is not a			Name of business, if any					
	•	e legal entity such as ation, partnership, or			Number Street					
	sole pro	ave more than one prietorship, use a			City			State	ZIP Co	de
	separate to this p	e sheet and attach it etition.			Check the appropriate	box to de	scribe your business	:		
	·					•	lefined in 11 U.S.C. §	. ,,		
					_	•	as defined in 11 U.S.0 11 U.S.C. § 101(53A	- ,))	
					_	er (as defii	ned in 11 U.S.C. § 10			
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i> debtor or a debtor as		cho are mos	osing i a sma st rece	filing under Chapter 11, to proceed under Subch Il business debtor or you nt balance sheet, staten f these documents do no	apter V so u are choo nent of ope	that it can set approsing to proceed under erations, cash-flow st	<i>priate deadlii</i> er Subchapte atement, and	nes. If you r V, you mເ d federal ind	i indicate that you ust attach your come tax return
		defined by 11 U.S.C. § 1182(1)?		No.	I am not filing under C	hapter 11.				
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but	: I am NOT a small b	usiness debto	or according	g to the definition in	
				Yes.	I am filing under Chap Bankruptcy Code, and	-			•	
				Yes.	I am filing under Chap Bankruptcy Code, and					
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property	or Any Propert	y That Ne	eds Imm	ediate Attention
14.			No Yes.	What is the hazard?						
	safety? any pro	Or do you own perty that needs attention?			If immediate attention	is needed	, why is it needed?			
	perishal	mple, do you own ble goods, or c that must be fed, or			Where is the property	?				
		g that needs urgent				Number	Street			
						City			State	ZIP Code
						- ,				

Debtor 1 James Dewayne Johnson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about	
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1		James Dewayne Johnson			Case number (if known)				
P	art 6:	Answer These C	Quest	ions for Reporting Pu	ırpos	ses			
16.	What k	ind of debts do you	16a		dual pi	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
 16b. Are your debts primarily business debts? Business debts a money for a business or investment or through the operation of No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer or business. 				n of th	e business or investment.				
17.	Are you filing under Chapter 7?		□ No. I am not filing under Chapter 7. Go to line 18.						
	any exe exclude admini- are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?	Ø	~	•	•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

Debtor 1	James Dewayne	Johnson Case number (if known)				
Part 7:	Sign Below					
or you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.				
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
		X /s/ James Dewayne Johnson James Dewayne Johnson, Debtor 1 Executed on 04/05/2021 MM / DD / YYYY X Signature of Debtor 2 Executed on MM / DD / YYYYY				

Debtor 1	James Dewayne	Johnson	Case number (if know	n)			
represente	not represented by y, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have exprelief available under each chapter for which the person is eligible. I also certify that I have delive the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) appropriate that I have no knowledge after an inquiry that the information in the schedules filed with the information in the schedules filed with the information.					
		X /s/ Charles J. Kania Signature of Attorney for Debtor	Date	04/05/2021 MM / DD / YYYY			
		Charles J. Kania Printed name Law Office of Charles Kania Firm Name 5319 S. Lewis Avenue, Suite 120 Number Street Tulsa, OK 74105 Charles@kanialaw.com					
		City	State	ZIP Code			
		Contact phone (918) 743-2239	Email address charle	s@kanialaw.com			
		20512 Bar number	State	_			

Fill in this info	rmation to i	dentify your	case and this filing	:		
Debtor 1	James	Dewayne	Johnson			
_	First Name	Middle Name				
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Bank	cruptcy Court fo	r the: NORTHE	RN DISTRICT OF OK	LAHOMA		
Case number				_	☐ Check	if this is an
(if known)						ed filing
Official Form	106A/B					
Schedule A/E	3: Propert	y				12/15
filing together, both sheet to this form.	are equally re On the top of a	esponsible for so any additional pa	upplying correct informages, write your name	nation. If more and case numb	possible. If two married pe space is needed, attach a s per (if known). Answer eve tate You Own or Have	separate ry question.
1 Do you own or	hava any laga	l or oquitable in	toroot in any raaidanaa	building land	Lor cimilar property?	
✓ No. Go to		·	terest in any residence	, building, land	, or similar property?	
			or all of your entries fron 1. Write that number h			\$0.00
Part 2: Desc	cribe Your V	ehicles			•	
	_	-		-	registered or not? Include cutory Contracts and Unexpir	•
3. Cars, vans, tru	cks, tractors,	sport utility vehi	cles, motorcycles			
□ No ☑ Yes						
3.1.		Who	has an interest in the	property?	Do not deduct secured clair	ms or exemptions. Put the
Make:	Jeep	Che	ck one.		amount of any secured clai	
Model:	Patriot	كا	Debtor 1 only		Creditors Who Have Claims	
Year:	2016		Debtor 2 only	nlv	Current value of the entire property?	Current value of the portion you own?
Approximate mileage	e: 84,000		Debtor 1 and Debtor 2 o At least one of the debto	•	\$11,000.00	\$11,000.00
Other information:		— ⊔			Ψ11,000.00	Ψ11,000.00
2016 Jeep Patriot miles) VIN 1C4NJ		_	Check if this is commu (see instructions)	inity property		
3.2.			has an interest in the	property?	Do not deduct secured clair	ms or exemptions. Put the
Make:	Harley Dav		ck one.	<i>,</i>	amount of any secured clai	ms on <i>Schedule D:</i>
Model:	Softail	 ✓	Debtor 1 only		Creditors Who Have Claims	s Secured by Property.
Year:	2007		Debtor 2 only	l	Current value of the	Current value of the
Approximate mileage	e: 58,000		Debtor 1 and Debtor 2 o At least one of the debto	•	entire property?	portion you own?
Other information:	<u> </u>	— ⊔	At least one of the depti	no and anome	\$9,500.00	\$9,500.00
2007 Harley David 58,000 miles) VIN 1HD1BW5187Y07		approx. 🔲	Check if this is commu (see instructions)	inity property		

Deb	tor 1 James Dew	ayne Johnson	Case number (if known)	
4.		motor homes, ATVs and other recreational lers, motors, personal watercraft, fishing vess		
5.		of the portion you own for all of your entric u have attached for Part 2. Write that numb		\$20,500.00
P		Your Personal and Household Item		
Do	you own or have any I	egal or equitable interest in any of the follo	wing items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		d furnishings liances, furniture, linens, china, kitchenware		
	ш	Household goods & furnishings		\$400.00
7.	music colle	s and radios; audio, video, stereo, and digital ections; electronic devices including cell phor		
	_	Electronics/ 1 television/ 1 cell phone	/ 1 I Pad/ 1 I-Phone	\$400.00
8.		and figurines; paintings, prints, or other artworlin, or baseball card collections; other collectio	•	•
	Yes. Describe			
9.		s and hobbies otographic, exercise, and other hobby equipm d kayaks; carpentry tools; musical instrument		•
	✓ No ☐ Yes. Describe			
10.	Firearms Examples: Pistols, rifl No	les, shotguns, ammunition, and related equipr	nent	ı
	ш	AR-15 and S&W 9mm		\$1,000.00
11.	Clothes Examples: Everyday o	clothes, furs, leather coats, designer wear, sh	pes, accessories	
	Yes. Describe	Clothing for one adult		\$300.00
12.	Jewelry Examples: Everyday j gold, silve ✓ No		vedding rings, heirloom jewelry, watches, gems,	
	Yes. Describe			

Deb	tor 1 James Dew	ayne Johns	on		Case number (if known)	
13.	Non-farm animals Examples: Dogs, cats	s. birds. horses	s			
	✓ No	, ,				
	Yes. Describe					
14.	Any other personal a	ind househol	d items you did not alr	ready list, including an	y health aids you	_
	☑ No					
	Yes. Give specifi					٦
	information	•••				
15.			entries from Part 3, in		r pages you have	\$2,100.00
Pa	art 4: Describe	Your Finar	ncial Assets			
Doy	you own or have any l	egal or equita	able interest in any of t	the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you petition	ı have in your	wallet, in your home, in	a safe deposit box, and	d on hand when you file your	
	□ No					
	✓ Yes				Cash:	\$125.00
17.		houses, and	ther financial accounts; other similar institutions	·		
	□ No					
	✓ Yes		Institution name:			
	17.1. Checking	g account:	Truity Credit Unio	on Checking accoun	t No. 1690866	\$586.31
18.	Bonds, mutual funds Examples: Bond fund		traded stocks accounts with brokerag	e firms, money market a	accounts	
	✓ No ✓ Yes	Instituti	on or issuer name:			
19.	Non-publicly traded an interest in an LLC		erests in incorporated, and joint venture	and unincorporated b	usinesses, including	
	✓ No✓ Yes. Give specific		•			
	information about them	Name o	of entity:		% of ownership:	

Deb	tor 1 James Dewayne Johnson	Case number (if known	·
20.	Government and corporate bonds and other negotiable and non-negotiable in Negotiable instruments include personal checks, cashiers' checks, promissory no Non-negotiable instruments are those you cannot transfer to someone by signing	otes, and money orders.	
	✓ No Yes. Give specific information about them		
21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts profit-sharing plans	s, or other pension or	
	✓ NoYes. List eachaccount separately. Type of account: Institution name:		
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, companies, or others		
	No		
	Yes	.i+	\$500.00
	Security deposit on rental unit: Security deposit on rental un		\$500.00
23.	Annuities (A contract for a specific periodic payment of money to you, either for ✓ No ✓ Yes	life or for a number of yea	rs)
24.	Interests in an education IRA, in an account in a qualified ABLE program, or 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	under a qualified state to	uition program.
	✓ No ☐ Yes	records of any interests.	1 U.S.C. § 521(c)
25.	Trusts, equitable or future interests in property (other than anything listed in powers exercisable for your benefit		0 ()
	✓ No		
	Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual propert Examples: Internet domain names, websites, proceeds from royalties and licensit	- ·	
	✓ No ☐ Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings	s, liquor licenses, profession	onal licenses
	✓ No ☐ Yes. Give specific		
	information about them		
Mor	ney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	No No Civo specific information		Fodoral:
	Yes. Give specific information about them, including whether		Federal:
	you already filed the returns and the tax years		State:

Deb	otor 1 James Dewayne Johnson Case	e number (if known)
29.	Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance,	divorce settlement, property settlement
	☑ No	7
	Yes. Give specific information	Alimony:
		Maintenance:
		Support:
		Divorce settlement:
		Property settlement:
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, va compensation, Social Security benefits; unpaid loans you made to someone No	
	Yes. Give specific information	
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, hon	neowner's, or renter's insurance
	No Yes. Name the insurance company of each policy and list its value Company name: Beneficial	ary: Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, o entitled to receive property because someone has died	r are currently
	✓ No ☐ Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a dem Examples: Accidents, employment disputes, insurance claims, or rights to sue	and for payment
	✓ No Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims rights to set off claims	of the debtor and
	✓ No ☐ Yes. Describe each claim	
35.	Any financial assets you did not already list	
	✓ No ✓ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for page attached for Part 4. Write that number here	- L 64 244 24
Pa	art 5: Describe Any Business-Related Property You Own or Have an	Interest In. List any real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business-related property	/?
	✓ No. Go to Part 6. ✓ Yes. Go to line 38.	

Deb	tor 1	James Dewayne Jo	hnson	Case number (if known)	
					Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable or comm	issions you already earned		
	✓ No ☐ Yes	. Describe]
39.		quipment, furnishings es: Business-related co desks, chairs, electr	mputers, software, modems, printers, copiers, fax m	achines, rugs, telephones,	
	✓ No ☐ Yes	. Describe]
40.	Machin	ery, fixtures, equipmer	nt, supplies you use in business, and tools of you	r trade	
	☑ No				
		. Describe]
41	Invento				J
71.		· y			
	✓ No ☐ Yes	. Describe]
42.	Interest	s in partnerships or jo	int ventures		J
	√ No				
		. Describe Name of	entity:	% of ownership:	
43.	Custom	er lists, mailing lists, o	or other compilations		
	✓ No ☐ Yes	. Do your lists include No Yes. Describe	personally identifiable information (as defined in	11 U.S.C. § 101(41A))?]
44.	Any bus	siness-related property	you did not already list		
	✓ No ☐ Yes	. Give specific informat	ion.		
45.			our entries from Part 5, including any entries for number here		\$0.00
P			n- and Commercial Fishing-Related Prop n interest in farmland, list it in Part 1.	erty You Own or Have a	n Interest In.
46.	Do you	own or have any legal	or equitable interest in any farm- or commercial	fishing-related property?	
	IZ No	Go to Part 7.	-		
	_	. Go to line 47.			

47. Farm animals Examples: Livestock, poultry, farm-raised fish No Yes	Deb	tor 1	James Dewayne Johnson	Case number (if known)	
Examples: Livestock, poultry, farm-raised fish No Yes	4		dan de		portion you own? Do not deduct secured
No	47.				
No		☑ No]
Yes. Give specific information	48.	Crops	either growing or harvested		
No		Yes]
Yes 50. Farm and fishing supplies, chemicals, and feed No	49.	Farm ar	nd fishing equipment, implements, machinery, fixtures, and tools	of trade	
No]
Yes 51. Any farm- and commercial fishing-related property you did not already list No	50.	Farm ar	nd fishing supplies, chemicals, and feed		
Yes. Give specific information					
Yes. Give specific information	51.	Any fari	m- and commercial fishing-related property you did not already li	st	
attached for Part 6. Write that number here		Yes info	rmation]
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information.	52.			_	\$0.00
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information.		allaciie	u for Part 6. Write that number nere		-
Examples: Season tickets, country club membership No Yes. Give specific information.	Pa	art 7:	Describe All Property You Own or Have an Interest in	That You Did Not List Above	
Yes. Give specific information.	53.	Example			
		لنا	Give specific information		
	54.	_		here	\$0.00

Debtor 1	James Dewayne Johnson	Case nu	umber (if known)		
Part 8:	List the Totals of Each Part of this Form				
55. Part 1	: Total real estate, line 2		→	·	\$0.00
56. Part 2	2: Total vehicles, line 5	\$20,500.00			
57. Part 3	: Total personal and household items, line 15	\$2,100.00			
58. Part 4	: Total financial assets, line 36	\$1,211.31			
59. Part 5	: Total business-related property, line 45	\$0.00			
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	: Total other property not listed, line 54	+\$0.00			
62. Total	personal property. Add lines 56 through 61	\$23,811.31	Copy personal property total	+	\$23,811.31
63. Total	of all property on Schedule A/B. Add line 55 + line 62.				\$23,811.31

	monnation to i	ACHTITY VALIF (caso.			
Debtor 1	James First Name	Dewayne Middle Name	Johnson	1		
Debtor 2						
(Spouse, if filin		Middle Name		OKI	AHOMA	
	sankruptcy Court to	or the: NOKTHE	RN DISTRICT OF	UKL	AHOMA	Check if this is an amended filing
Case number (if known)						amended ming
Official For	m 106C					
Schedule (C: The Prope	erty You Cl	aim as Exem	pt		04/19
Using the proper space is needed	ty you listed on Sc	<i>hedule A/B: Prope</i> to this page as m	erty (Official Form 10	6A/B) as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more ssary. On the top of any additional pages,
is to state a spe exempted up to receive certain exemption of 10	cific dollar amoun the amount of any benefits, and tax-e 00% of fair market	nt as exempt. Alt y applicable stat exempt retirement value under a la	ternatively, you may utory limit. Some e nt fundsmay be un w that limits the exc	y claii xemp limite empti	m the full fair market otionssuch as those ed in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to dower, if you claim an ar amount and the value of the le statutory amount.
Part 1:	dentify the Pro	perty You Cla	im as Exempt			
1. Which set of	of exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
☑ You ar	-	d federal nonban	kruptcy exemptions. J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3)	·
_						
For any pro	operty you list on	Schedule A/B th		mpt, i	fill in the information	below.
Brief description	operty you list on n of the property a nat lists this prope	and line on	at you claim as exe Current value of the portion you	Am	fill in the information ount of the emption you claim	below. Specific laws that allow exemption
Brief description	n of the property a	and line on	at you claim as exe Current value of	Am exe	ount of the emption you claim	
Brief description Schedule A/B th	n of the property a nat lists this prope	and line on	at you claim as exe Current value of the portion you own Copy the value from Schedule A/B	Am exe	ount of the emption you claim	Specific laws that allow exemption
Brief description: Brief description: 2007 Harley D	n of the property a nat lists this prope avidson Softail (VIN 1HD1BW518	and line on rty (approx.	at you claim as exe Current value of the portion you own Copy the value from	Am exe	ount of the emption you claim	
Brief description: 2007 Harley D 58,000 miles) Line from Sched	n of the property a nat lists this prope avidson Softail (VIN 1HD1BW518 ule A/B: 3.2	and line on orty (approx. 37Y072092	at you claim as exe Current value of the portion you own Copy the value from Schedule A/B	Am exe	ount of the emption you claim eck only one box for the exemption 100% of fair market value, up to any applicable statutory limit \$400.00	Okla. Stat. tit. 31 § 1(A)(13) (Claimed: \$7,500.00 100% of fair market value, up to any
Brief description: 2007 Harley D 58,000 miles) Line from Sched	n of the property a nat lists this prope avidson Softail (VIN 1HD1BW518 ule A/B: 3.2	and line on orty (approx. 37Y072092	at you claim as exe Current value of the portion you own Copy the value from Schedule A/B \$9,500.00	Am exe	eck only one box for the exemption 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(13) (Claimed: \$7,500.00 100% of fair market value, up to any applicable statutory limit)

Debtor 1	James Dewayne Johnson			Case numbe	r (if known)
Part 2:	Additional Page				
	ription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
Pad/ 1 I-P	cs/ 1 television/ 1 cell phone/ 1 I	\$400.00		\$400.00 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3)
	iption: d S&W 9mm Schedule A/B:10	\$1,000.00		\$1,000.00 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(14)
_	iption: for one adult Schedule A/B: 11	\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(7)
Brief descr Cash on I Line from S	•	\$125.00		100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$93.75 100% of fair market value, up to any applicable statutory limit)
1690866	iption: edit Union Checking account No. Schedule A/B:17.1	\$586.31		100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 12 § 1171.1 (Claimed: \$439.73 100% of fair market value, up to any applicable statutory limit)

Eill in this inf		:6				
	ormation to ident	_				
Debtor 1	James First Name	Middle Name	Johnson Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN D	ISTRICT OF OKLAHO	OMA		
Case number	aptoy Countries and				—	
(if known)					☐ Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Wh	o Have Cla	ims Secured by	Property		12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 1. List All Secured Claims 1. List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the Do not deduct the						
2.1		Describe the	property that	value of collateral	claim	If any
Santander Cons Creditor's name Attn: Bankruptc Number Street PO Box 961245		•	claim: Patriot (approx. s) VIN 1C4NJ	\$12,216.00	\$11,000.00	\$1,216.00
As of the date you file, the claim is: Check all that apply. Contingent						
that number here:	ue of your entries in (\$12,216.00		

Official Form 106D

all pages. Write that number here:

Fill in this inf	ormation to iden	tify your ca	ase:			
Debtor 1	James	Dewayne	Johnson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	NORTHER	N DISTRICT OF OKLAHOMA			
Case number						
(if known)					Check if this is amended filing	
Official Form	106E/F					
Schedule E/	F: Creditors V	Vho Have	Unsecured Claims			12/15
on Schedule A/B: Do not include an If more space is n to this page. On t	Property (Official For y creditors with part eeded, copy the Par	orm 106A/B) a ially secured t you need, fil nal pages, wi	acts or unexpired leases that coul nd on Schedule G: Executory Cou claims that are listed in Schedule I it out, number the entries in the rite your name and case number (ecured Claims	ntracts and Unexpire D: Creditors Who H boxes on the left. A	ed Leases (Offici old Claims Secu	al Form 106G). ared by Property.
	tors have priority un					
-		secureu ciaiii	is against you:			
✓ No. Go t	.0 Part 2.					
Yes.						
claim. For ear show both pric more space is claim, list the	ch claim listed, identif ority and nonpriority and needed for priority ur other creditors in Part	y what type of mounts. As m nsecured claim 3.	creditor has more than one priority u claim it is. If a claim has both priori uch as possible, list the claims in al ns, fill out the Continuation Page of I instructions for this form in the instr	ty and nonpriority am ohabetical order acco Part 1. If more than c	ounts, list that cla ording to the credi	aim here and tor's name. If
(i oi aii explai	lation of cach type of	ciairi, see tre	mendenone for the form in the men	Total claim	Priority	Nonpriority
					amount	amount
2.1						
			Look 4 digita of account number			
Priority Creditor's Nam	е		Last 4 digits of account number			
Number Street			When was the debt incurred?		_	
			As of the date you file, the claim	is: Check all that app	olv.	
			☐ Contingent		,.	
			Unliquidated			
City	State ZIP	Code	Disputed			
Who incurred the	debt? Check one.		Type of PRIORITY unsecured cla	im:		
Debtor 1 only			☐ Domestic support obligations			
Debtor 2 only			Taxes and certain other debts		ent	
Debtor 1 and D	Debtor 2 only the debtors and anotl	ner	Claims for death or personal in	jury while you were		
ш	claim is for a commu		intoxicated Other Specify			
Is the claim subje		inty uebt	Other. Specify			
□ No	ot to onset:					
Yes						

Debtor 1 James Dewayne Johnson	Case number (if known)
Part 2: List All of Your NONPRIORIT	Y Unsecured Claims
3. Do any creditors have nonpriority unsecured	I claims against you?
No. You have nothing to report in this part✓ Yes	Submit this form to the court with your other schedules.
If a creditor has more than one nonpriority unse type of claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
	Total claim
4.1 Bridgecrest Nonpriority Creditor's Name	
7300 East Hampton Avenue Number Street Suite 100	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Mesa AZ 85209 City State ZIP Code	Disputed
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Repossession	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile
Capital One	\$2,267.00 Last 4 digits of account number 7 9 5 0
Capital One Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 30285	When was the debt incurred? 06/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Salt Lake City City State State Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card

Current Account 4.4 LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Kennesaw Check if this claim is for a community debt (\$1.00) Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	Debtor 1	James Dewayne Johnson	Case number (if known)	
A 3	Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
Capital One Nospicity Creditor's Name Attn: Bankruptcy Number Street PO Box 30285 Salt Lake City UT 84130 City State ZiP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Atte least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? When was the debt incurred? 03/2020 As of the date you file, the claim is: Check all that apply. Confingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIOR			m sequentially from the	Total claim
When was the debt incurred? 03/2020	4.3			\$222.00
Attri: Bankruptcy Number Street PO Box 30285 Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check off shie claim is for a community debt LendingPoint LLC. LendingPoint LLC. LendingPoint LLC. Last 4 digits of account number 9 6 2 2 Who necured the debt? Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt LendingPoint LLC. Last 4 digits of account number 9 6 2 2 Whon was the debt incurred? Whon incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt LendingPoint LLC. Last 4 digits of account number 9 6 2 2 Whon was the debt incurred? Whon was the debt incurred? Oligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Credit Card (\$1.00) Last 4 digits of account number 9 6 2 2 Whon was the debt incurred? Oligations arising out of a separation agreement or divorce that you did not report as priority claims Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only claims Debtor 4 only Check one. Debtor 5 pension or profit-sharing plans, and other similar debts Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Disputed Type of NONPRIORITY unsecured Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Disputed Type of NONPRIORITY unsecured Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts Disputed			Last 4 digits of account number9814_	
Number Street Street State ZIP Code Disputed			When was the debt incurred? 03/2020	
Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Similar debts of this claim is for a community debt is the claim subject to offset? Lending Point LLC. Card Who incurred the debt? Check one. Debtor 1 similar debts Debtor 1 similar debts of the debtors and another Card Who incurred the debt? Check one. Debtor 1 similar debts Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 similar debts Debtor 1 similar debts Debtor 2 only Debtor 2 only Debtor 1 similar debts Debtor 1 similar debts Debtor 2 only Debtor 1 similar debts Debtor 2 only Debtor 1 similar debtor 2 only Debtor 2 only Debtor 1 similar debtor 2 only Debtor 2 only Debtor 1 similar debtor 2 only Debtor 1 similar debtor 2 only Debtor 1 similar debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 similar 3	Number	Street	As of the date you file, the claim is: Check all that apply.	
Disputed Disputed	PU BOX 3	0285		
Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Yes Current Account 4.4 LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Striet Suite 200 Kennesaw GA 30144 City State ZiP Code Who incurred the debtor and another Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card (\$1.00) (\$1.00) Type of NONPRIORITY unsecured claim: Student loans Other Specify Other. Specify Other. Specify Unsecured Uniquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured		_		
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Who Yes Current Account 4.4 Least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Credit Card			Toward MONDRIORITY was a sound old law.	
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? ✓ No Yes Current Account 4.4 Lending Point LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts (\$1.00) Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	,		•	
Debtor 1 and Debtor 2 only	<u> </u>		-	
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Current Account 4.4 LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Credit Card Other. Specify Credit Card (\$1.00) Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. State ZIP Code Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Undigitations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? Other. Specify Unsecured		•		
Credit Card Is the claim subject to offset? No Yes Current Account 4.4 LendingPoint LLC. Nonprionty Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Contingent Unliquidated Disputed City Sate ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Credit Card Countines	ш	•		
No	☐ Check	if this claim is for a community debt		
Current Account 4.4 LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Kennesaw Check if this claim is for a community debt (\$1.00) Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Check all that apply. Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	Is the clain	n subject to offset?		
Current Account 4.4 Lending Point LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Volter. Specify Unsecured	☑ No			
LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	_			
LendingPoint LLC. Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 9 6 2 2 When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Volter. Specify Unsecured	Current A	account		
Nonpriority Creditor's Name 1201 Roberts Blvd Number Street Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? 01/21/2019 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	4.4			(\$1.00)
Number Street Street Street Street Street Suite 200 Contingent Unliquidated Disputed			Last 4 digits of account number <u>9 _ 622</u>	
Suite 200 Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured			When was the debt incurred? 01/21/2019	
Kennesaw GA 30144 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured				
Disputed	Suite 200		— — <u>9</u>	
City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Unsecured				
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured			Type of NONDRIORITY unaccured eleim:	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	•		••	
that you did not report as priority claims Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	<u> </u>			
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-snaring plans, and other similar debts Other. Specify Unsecured	브 ~	,	that you did not report as priority claims	
Check if this claim is for a community debt Unsecured Is the claim subject to offset?	ш	•	= a,, a, ,,	
	Check	if this claim is for a community debt		
		n subject to offset?		
☑ No □ Yes				

Debtor 1 James Dewayne Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Recivable Management Services. LLC Nonpriority Creditor's Name Attn: Bankruptcy Number Street 240 Emery Street	Last 4 digits of account number 0 2 3 7 When was the debt incurred? 01/2020 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated	
Bethlehem PA 18015 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Attorney	
Original Creditor Name: PROGRESSIVE IN		

Collection

Debtor 1 James Dewayne Johnson			Case number (if known)	
Part 3:	List Others to	Be Notified Ab	oout a Debt That You Already	Listed
For ex- credito debts t	ample, if a collection or in Parts 1 or 2, th	n agency is trying en list the collection orts 1 or 2, list the a	to collect from you for a debt you con agency here. Similarly, if you handditional creditors here. If you do	a debt that you already listed in Parts 1 or 2. we to someone else, list the original ve more than one creditor for any of the not have additional parties to be notified for
Internal Re	evenue Service		On which entry in Part 1 or P	art 2 did you list the original creditor?
Name PO Box 80			Line of (Check one): Required Notification	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Cincinnati	O Sta		Last 4 digits of account numl	ber
	evenue Service		On which entry in Part 1 or P	art 2 did you list the original creditor?
Name PO Box 73 Number	46 Street		Line of (Check one): Required Notification	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Philadelph City		A 19101-7346 ate ZIP Code	Last 4 digits of account numl	ber
Name P.O. Box 2	Tax Commission 6930 Street	1	On which entry in Part 1 or P Line of (Check one): Required Notification	art 2 did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Oklahoma City	City O		Last 4 digits of account numl	ber

Debtor 1	James Dewayne Johnson	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 👍	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🛨	\$9,165.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$9,165.00

Fill in this inf	ormation to ic			
Debtor 1	James First Name	Dewayne Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for	the: NORTHERN D	ISTRICT OF OKLAHOMA	
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

F	ll in this inf	ormation to iden	tify your case:				
De	ebtor 1	James	Dewayne	Johnson			
		First Name	Middle Name	Last Name			
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			
			NORTHERN DIC	FRICT OF OKLALIOMA			
		nkruptcy Court for the	NORTHERN DIS	TRICT OF OKLAHOMA			
	ase number known)					Check if this is an	
						amended filing	
Of•	ficial Form	1061					
	ficial Form						
Sc	hedule H:	Your Codebt	ors				12/1
nee	ded, copy the a	Additional Page, fill of any Additional Page	it out, and number tl ges, write your nam	sponsible for supplying cor ne entries in the boxes on the e and case number (if know case, do not list either spouse	he left. Attach the A vn). Answer every o	Additional Page to this	
	✓ No ☐ Yes						
2.		a, California, Idaho, L	•	property state or territory www.Mexico, Puerto Rico, Texa		•	
			spouse, or legal equi	valent live with you at the tim	e?		
3.	person show creditor on S	n in line 2 again as a	codebtor only if that form 106D), Schedul	e your spouse as a codebto It person is a guarantor or d le <i>E/F</i> (Official Form 106E/F olumn 2.	cosigner. Make sur	e you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this info	rmation to identi	fy your case:					
Debtor 1	James	Dewayne	Johnson				
	First Name	Middle Name	Last Name			— Che	ck if this is:
Debtor 2	First Name	Middle Name	Last Name			_ _	An amended filing
(Spouse, if filing)				ZI AII/	0144		A supplement showing postpetition
	nkruptcy Court for the:	NORTHERN	DISTRICT OF O	KLAH	OMA	- "	chapter 13 income as of the following date
Case number (if known)				_			MM / DD / YYYY
Official Form 1	1061						
Schedule I: Y	our Income						12/15
responsible for sup include information about your spouse. your name and case	plying correct inforn about your spouse.	nation. If you are If you are separ eded, attach a se Answer every c	e married and not rated and your spo eparate sheet to th	filing jo use is	ointly, a not fili	and your ng with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
Fill in your empinformation.	oloyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more		oyment status					☐ Employed
job, attach a sep with information	· .	Dyment Status	✓ Employed □ Not employed	ed			☐ Not employed
additional emplo	oyers. Occu	pation	Maintenance 1	ech			_
Include part-time							_
or self-employed	d work. Empl	oyer's name	Card Head Sta	rt			
Occupation may	/ include Empl	oyer's address	707 S. Lawry				
student or home applies.	emaker, if it		Number Street				Number Street
			Claremore		OK 7	4018	
			City			ip Code	City State Zip Code
	How	ong employed t	here? 4 Years	;			
Part 2: Give	Details About M	onthly Incom	le				
	ess you are separated		n. If you have noth	ing to re	eport fo	or any line	, write \$0 in the space. Include your
•	ng spouse have more e, attach a separate sl		er, combine the info	ormatio	n for all	employe	rs for that person on the lines below. If
	·			F	For Deb	otor 1	For Debtor 2 or non-filing spouse
	ross wages, salary, ans). If not paid month			2.	\$3	,024.67	
payroll deductio would be.		ly, calculate what		2. 3. +	\$3	,024.67 \$0.00	

Official Form 106l Schedule I: Your Income page 1

Deb	otor 1	James Dewayne Johnson		Case nui	nb	er (if knov	vn)		
				For Debtor 1		For Debt		9	
	Cop	by line 4 here	4.	\$3,024.67					
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$420.59					
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00					
	5c.	Voluntary contributions for retirement plans	5c.	\$0.00					
	5d.	Required repayments of retirement fund loans	5d.	\$0.00					
	5e.	Insurance	5e.	\$493.24					
	5f.	Domestic support obligations	5f.	\$0.00					
	5g.	Union dues	5g.	<u>\$0.00</u>					
	5h.	Other deductions. Specify:	5h. ⊀	\$0.00					
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$913.83					
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,110.84		-			
8.		all other income regularly received:	•						
	8а.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00					
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00					
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00					
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00					
		Social Security	8e.	\$0.00					
	8f.	Other government assistance that you regularly receive		· · · · · · · · · · · · · · · · · · ·					
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00					
	8g.	Pension or retirement income	- 8g.	\$0.00					
	8h.	Other monthly income.		· · ·					
		Specify:	8h. -	\$0.00					
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00					
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$2,110.84	+]=[\$2,110.84
11		te all other regular contributions to the expenses that you list in S	chedi						
• • •	Incl	ude contributions from an unmarried partner, members of your households or relatives.			ır r	oommate:	s, and o	her	
	Doı	not include any amounts already included in lines 2-10 or amounts tha	t are r	not available to pay	exp	enses lis	ted in So	hed	ule J.
	Spe	cify:					_ 11.	+	\$0.00
12.	inco	I the amount in the last column of line 10 to the amount in line 11. James Write that amount on the Summary of Your Assets and Liabilities					12.		\$2,110.84 Combined
12		applies. you expect an increase or decrease within the year after you file t	hie fo	rm?					monthly income
13.		· . · ·	1113 10	111111					
		No. None. Yes. Explain:							
		1							

F	ill in this inform	ation to identif	y your case:			Chec	ck if this	ie.	
	Debtor 1	James First Name	Dewayne Middle Name	Johns Last Na			An ame	nded filing ement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me		chapter following	13 expenses as g date:	s of the
	United States Bankru	uptcy Court for the:	NORTHERN DI	STRICT OF	OKLAHOMA		MM / DI	D / YYYY	<u> </u>
	Case number (if known)						, 21		
0	fficial Form 10	6J				J			
	chedule J: Yo		3						12/15
CO	•	more space is nee	eded, attach anoth	er sheet to t	ing together, both ar his form. On the top	-		-	
F	Part 1: Descri	be Your Housel	hold						
1.	Is this a joint case	?							
2.	☐ No	Debtor 2 must file	e Official Form 106J		s for Separate Housel	hold of	Debtor 2	2.	
2.	Do not list Debtor 1 Debtor 2.	and	No Yes. Fill out this in for each dependen		Dependent's relation		to	Dependent's age	Does dependent live with you?
	Do not state the de names.	pendents'							No Yes No Yes No Yes No No Yes No Yes No No No No No No
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No □ Yes						Yes
:	Part 2: Estima	te Your Ongoir	ng Monthly Exp	enses					
to		of a date after the			re using this form as supplemental Sche				
	clude expenses paid ch assistance and h		-	-				Your expens	es
4.	The rental or hom Include first mortga						4		\$375.00
	If not included in I	ine 4:							
	4a. Real estate ta	xes					4	a	
	4b. Property, hom	eowner's, or renter'	s insurance				4	b	
	4c. Home mainter	nance, repair, and u	pkeep expenses				4	c	
	1d Homeowner's	association or conc	dominium dues				1	d	

Deb	tor 1 James Dewayne Johnson	Case number (if known)	
		Your expense	es
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$160.00
	6b. Water, sewer, garbage collection	6b	\$120.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$185.00
	6d. Other. Specify: Phone	6d	\$156.00
7.	Food and housekeeping supplies	7.	\$400.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$150.00
10.	Personal care products and services	10.	\$150.00
11.	Medical and dental expenses	11.	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14.	Charitable contributions and religious donations	14.	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	
	15b. Health insurance	15a 15b.	
	15c. Vehicle insurance	15b	£07.00
			\$97.00
16	15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	15d	
	Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	

Deb	tor 1	James Dewayne Johnson	Case number (if known)	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Othe	r. Specify:	21. +	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,043.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.	J-2. 22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,043.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$2,110.84
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,043.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$67.84
24.	Do y	ou expect an increase or decrease in your expenses within the year after	you file this form?	
		xample, do you expect to finish paying for your car loan within the year or do y ent to increase or decrease because of a modification to the terms of your mo	. ,	
	7	No.		
		Yes. Explain here: None.		

Fill in this i	information to i	dentify your case	•		
Debtor 1	James	Dewayne	Johnson		
Debter 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name	_	
United States	Bankruptcy Court fo	r the: NORTHERN D	ISTRICT OF OKLAHOM	<u>A</u>	
Case number (if known)				☐ Check i	f this is an ed filing
Official For	rm 106Sum				
Summary	of Your Asse	ets and Liabilit	ies and Certain St	tatistical Information	12/1
					Your assets Value of what you own
. Schedule A	A/B: Property (Officia	al Form 106A/B)			
1a. Copy	line 55, Total real es	state, from Schedule A	/B		\$0.00
1b. Copy	line 62, Total persor	nal property, from Sche	edule A/B		\$23,811.31
1с. Сору	line 63, Total of all p	property on Schedule A	√B		\$23,811.31
Part 2:	Summarize You	r Liabilities			
					Your liabilities Amount you owe
		•	Property (Official Form 106 f claim, at the bottom of the I	D) last page of Part 1 of Schedule D	\$12,216.00
			s (Official Form 106E/F)	Schedule E/F	\$0.00
оа. Оору	and total oldling from	. Fait I (priority unsect	area diamine, morn into de di c	55,154410 E/1	
3b. Copy	the total claims from	Part 2 (nonpriority un	secured claims) from line 6j	of Schedule E/F	+\$9,165.00

Part 3: Summarize Your Income and Expenses

\$21,381.00

Your total liabilities

De	otor 1	James Dewayne Johnson Case nu	mber (if known)				
P	Part 4: Answer These Questions for Administrative and Statistical Records						
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?					
		No. You have nothing to report on this part of the form. Check this box and submit this Yes	form to the court with your other schedules.				
7. What kind of debt do you have?							
		Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	·				
		Your debts are not primarily consumer debts. You have nothing to report on this parthis form to the court with your other schedules.	t of the form. Check this box and submit				
8.		in the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ome from \$3,024.67				
9.	Сор	y the following special categories of claims from Part 4, line 6 of <i>Schedule E/F:</i>					
			Total claim				
	Fron	n Part 4 on <i>Schedule E/F,</i> copy the following:					
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00				
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00				
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00				
	9d.	Student loans. (Copy line 6f.)	<u>*0.00</u>				
	9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00				
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00				

9g. Total. Add lines 9a through 9f.

\$0.00

	_	dentify your case		
Debtor 1	James First Name	Dewayne Middle Name	Johnson Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
Case number (if known)		or the: NORTHERN D	DISTRICT OF OKLAHOMA	☐ Check if this is an amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	tor's Schedules	
If two married peo	ple are filing to	gether, both are equa	lly responsible for supplying c	orrect information.

concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to

\$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below									
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?									
☑ No									
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).								
	Declaration, and Signature (Official Form 119).								
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.									
X /s/ James Dewayne Johnson James Dewayne Johnson, Debtor 1	X Signature of Debtor 2								
Date <u>04/05/2021</u> MM / DD / YYYY	Date								

12/15

				_				
Fill in this in	formation to	identify your case						
Debtor 1	James	Dewayne	Johnson					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing) First Name	Middle Name	Last Name					
United States Ba	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF OKLAHOMA					
Case number								
(if known)				Check if this is an amended filing				
Official Forn	107			_				
Statement of	of Financia	l Affairs for Ind	ividuals Filing for B	Bankruptcy	04/19			
Part 1: Gi	ve Details Ab	out Your Marital S	tatus and Where You Li	ived Before				
1. What is you	r current marital	status?						
☐ Married								
☑ Not marr	ied							
2. During the la	ast 3 years, have	you lived anywhere o	ther than where you live now	v?				
☑ No								
Yes. Lis	t all of the places	you lived in the last 3 y	ears. Do not include where you	u live now.				
(Community	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)							
☑ No								
☐ Yes. Ma	ke sure you fill οι	ut Schedule H: Your Co	debtors (Official Form 106H).					

Debtor 1		James Dewayne Johnson			Case number (if known)				
Ρ	art 2:	Explain the Sources of	our Income						
 Did you have any income from employment or from Fill in the total amount of income you received from all f you are filling a joint case and you have income that No Yes. Fill in the details. 		eived from all jobs and all bu	ısinesses, including par	t-time activities.	llendar years?				
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions			
From January 1 of the current year until the date you filed for bankruptcy:			✓ Wages, commissions, bonuses, tips✓ Operating a business	\$8,376.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business				
For the last calendar year: (January 1 to December 31,		•	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$31,000.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business				
For the calendar year before that: (January 1 to December 31,		•	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$29,870.00	☐ Wages, commissions, bonuses, tips☐ Operating a business				
5.	Include unemplo	receive any other income durir income regardless of whether tha syment; and other public benefit p abling and lottery winnings. If you	t income is taxable. Examp ayments; pensions; rental ir	les of other income are ncome; interest; dividen	ds; money collected from la	awsuits; royalties;			
	☑ No	h source and the gross income fro	om each source separately.	Do not include income	that you listed in line 4.				

Deb	otor 1	James Dewayne Johnson Case number (if known)
Р	art 3:	List Certain Payments You Made Before You Filed for Bankruptcy
6.	Are eith	er Debtor 1's or Debtor 2's debts primarily consumer debts?
	□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?
		☐ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
		* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.
	✓ Yes.	Debtor 1 or Debtor 2 or both have primarily consumer debts.
		During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
		✓ No. Go to line 7.
		Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
7.	Insiders corporati agent, in	year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ons of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing cluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations child support and alimony.
	✓ No ☐ Yes.	List all payments to an insider.
8.	benefite	year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that d an insider? Desyments on debts guaranteed or cosigned by an insider.
	✓ No ☐ Yes.	List all payments that benefited an insider.
Р	art 4:	Identify Legal Actions, Repossessions, and Foreclosures
9.	List all s	year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? uch matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody tions, and contract disputes.
	✓ No ☐ Yes.	Fill in the details.

Deb	tor 1	James Dewayne Johnson	Case number (if known)
10.	seized,	year before you filed for bankruptcy, was any of your property repost or levied? Il that apply and fill in the details below.	sessed, foreclosed, garnished, attached,
		Go to line 11. Fill in the information below.	
11.		0 days before you filed for bankruptcy, did any creditor, including a bast from your accounts or refuse to make a payment because you owed	· · · · · · · · · · · · · · · · · · ·
	✓ No ☐ Yes	. Fill in the details.	
12.		year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes		
Pá	art 5:	List Certain Gifts and Contributions	
13.	Within 2	years before you filed for bankruptcy, did you give any gifts with a to	tal value of more than \$600 per person?
	✓ No ☐ Yes	. Fill in the details for each gift.	
14.	Within 2 to any c	eyears before you filed for bankruptcy, did you give any gifts or contri harity?	butions with a total value of more than \$600
	✓ No ☐ Yes	. Fill in the details for each gift or contribution.	
Pá	art 6:	List Certain Losses	
15.		year before you filed for bankruptcy or since you filed for bankruptcy saster, or gambling?	, did you lose anything because of theft, fire,
	✓ No ☐ Yes	. Fill in the details.	

Debtor 1	James Dewayne Johnson	Case number (i	f known)	
Part 7:	List Certain Payments or	r Transfers		
16. Within anyon	a 1 year before you filed for bankri e you consulted about seeking ba	uptcy, did you or anyone else acting on your behalf pa ankruptcy or preparing a bankruptcy petition?		
Include	e any attorneys, bankruptcy petition	preparers, or credit counseling agencies for services requ	uired for your bankrupt	cy.
☐ No ☑ Ye	o es. Fill in the details.			
Law Office	e Of Charles Kania Was Paid	Description and value of any property transferred —	Date payment or transfer was made	Amount of payment
5319 Sout	th Lewis Ave Suite 120		03/31/2021	\$1,037.00
Number Si Tulsa, OK	Treet 74105	_		
City	State ZIP Code	_		
Email or webs	site address	_		
Person Who	Made the Payment, if Not You	_		
CIN Legal Person Who		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number S	treet	_		\$45.00
City	State ZIP Code	_		
Email or webs	site address	_		
Person Who	Made the Payment, if Not You	_		
001 Debto		Description and value of any property transferred Credit counseling	Date payment or transfer was made	Amount of payment
Number S	treet	_		\$20.00
		_		_
City	State ZIP Code	_		
Email or webs	site address	_		
Person Who	Made the Payment if Not You	-		

Deb	tor 1	James Dewayne Johnson	Case number (if known)
17.		year before you filed for bankruptcy, did you or anyone else acting or who promised to help you deal with your creditors or to make paymer	
	Do not in	clude any payment or transfer that you listed on line 16.	
	✓ No ☐ Yes.	Fill in the details.	
18.		years before you filed for bankruptcy, did you sell, trade, or otherwise transferred in the ordinary course of your business or financial affair	
		ooth outright transfers and transfers made as security (such as granting of clude gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).
	✓ No ☐ Yes.	Fill in the details.	
19.		0 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which
	✓ No ☐ Yes.	Fill in the details.	
Pá	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	sit Boxes, and Storage Units
20.		year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes.	Fill in the details.	
21.	-	now have, or did you have within 1 year before you filed for bankrupto rities, cash, or other valuables?	y, any safe deposit box or other depository
	✓ No ☐ Yes.	Fill in the details.	
22.	•	u stored property in a storage unit or place other than your home with	in 1 year before you filed for bankruptcy?
	✓ No ☐ Yes.	Fill in the details.	
Pá	art 9:	Identify Property You Hold or Control for Someone Else	
23.	•	nold or control any property that someone else owns? Include any pr n trust for someone.	operty you borrowed from, are storing for,
	✓ No ☐ Yes.	Fill in the details.	

Debtor 1		James Dewayne Johnson	Case number (if known)		
P	art 10:	Give Details About Environmental Information			
For	the purp	oose of Part 10, the following definitions apply:			
l	hazardoı	nental law means any federal, state, or local statute or regulation conus or toxic substance, wastes, or material into the air, land, soil, surfages statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,		
		ns any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites.	ntal law, whether you now own, operate, or		
= ;	dous waste, hazardous substance, toxic				
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.		
24.	Has an law?	y governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental		
25.	Have y	s. Fill in the details. ou notified any governmental unit of any release of hazardous materia s. Fill in the details.	al?		
26.	Have you	ou been a party in any judicial or administrative proceeding under an	y environmental law? Include settlements and		
	☑ No □ Yes	s. Fill in the details.			
P	art 11:	Give Details About Your Business or Connections to A	any Business		
27.	Within busine	4 years before you filed for bankruptcy, did you own a business or hass?	ve any of the following connections to any		
		A sole proprietor or self-employed in a trade, profession, or other activity A member of a limited liability company (LLC) or limited liability partners A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	hip (LLP)		
	_	None of the above applies. Go to Part 12. c. Check all that apply above and fill in the details below for each busines	s.		
28.		2 years before you filed for bankruptcy, did you give a financial statencial institutions, creditors, or other parties.	ment to anyone about your business? Include		
	□ No □ Yes	s. Fill in the details below.			

Debtor 1	James Dewayne Johnson		Case number (if known)
Part 12:	Sign Below		
that answei property by	rs are true and correct. I understa	and that making a false statem uptcy case can result in fines	chments, and I declare under penalty of perjury ent, concealing property, or obtaining money or up to \$250,000, or imprisonment for up to 20 years,
X /s/ Jam	es Dewayne Johnson	x	2
James D	ewayne Johnson, Debtor 1	Signature of Debtor	2
Date _	04/05/2021	Date	
Did you atta	ach additional pages to Your State	ement of Financial Affairs for li	ndividuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pay	y or agree to pay someone who is	not an attorney to help you fil	out bankruptcy forms?
√ No			
	ame of person		Attach the Bankruptcy Petition Preparer's Notice,

Debtor 1	lau	D	labusan		
	<u>James</u> First Name	Dewayne Middle Name	Johnson Last Name		
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court f	or the: NORTHERN D	ISTRICT OF OKLAHOMA		
Case numb (if known)					Check if this is an amended filing
Official F	orm 108				
Stateme	nt of Intention	for Individuals	Filing Under Chapter	7	12/1
f you are an	individual filing und	ler chapter 7, you must	fill out this form if:		
■ creditors	have claims secured	d by your property, or			
■ you have	leased personal pro	perty and the lease ha	s not expired.		
of creditors,		, unless the court exter	ter you file your bankruptcy petition nds the time for cause. You must	•	
	d people are filing to s must sign and date	-	both are equally responsible for s	upplying correct info	ormation.
-	ete and accurate as ages, write your nam	possible. If more space	o is nooded attach a senarate she	et to this form. On t	
additional pa		ie and case number (if	•		ne top of any
-	- 1		known).		ne top of any
Part 1:	List Your Credi	itors Who Hold Sec	known).	Secured by Propert	
Part 1: 1. For any fill in the	List Your Credi creditors that you lie	itors Who Hold Sec	known). cured Claims fule D: Creditors Who Hold Claims	do with the C	
Part 1: 1. For any fill in the	List Your Credi creditors that you lise information below. the creditor and the	itors Who Hold Sec	known). Cured Claims Jule D: Creditors Who Hold Claims Pral What do you intend to oproperty that secures a Surrender the property	do with the Codebt? a	y (Official Form 106D), Did you claim the property
Part 1: 1. For any fill in the Identify Creditor	List Your Credi creditors that you lise information below. the creditor and the S Santander ion of 2016 Jeep miles) VIN	sted in Part 1 of Scheo property that is collate Consumer USA Patriot (approx. 84,0	known). cured Claims fulle D: Creditors Who Hold Claims eral What do you intend to oproperty that secures a Surrender the property Retain the property	do with the debt? a erty. [and redeem it. a and enter into a ement.	y (Official Form 106D), lid you claim the property s exempt on Schedule C?
Part 1: 1. For any fill in the Identify Creditor name: Descript property	List Your Credi creditors that you lise information below. the creditor and the S Santander ion of 2016 Jeep miles) VIN	sted in Part 1 of Scheo property that is collate Consumer USA Patriot (approx. 84,0	cured Claims Jule D: Creditors Who Hold Claims What do you intend to oproperty that secures a Surrender the property Retain the property Reaffirmation Agree Retain the property	do with the debt? a erty. [and redeem it. a and enter into a ement.	y (Official Form 106D), lid you claim the property s exempt on Schedule C?

Describe your unexpired personal property leases

Will this lease be assumed?

None.

Debtor 1	James Dewayne Johnson		Case number (if known)
Part 3:	Sign Below		
	penalty of perjury, I declare that I h al property that is subject to an un	-	oout any property of my estate that secures a debt and
	nes Dewayne Johnson Dewayne Johnson, Debtor 1	X Signature of Debto	or 2
<u>-</u>	04/05/2021 //M / DD / YYYY	Date MM / DD / Y	YYY

B2030 (Form 2030) (12/15)

In re James Dewayne Johnson

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA TULSA DIVISION

Case No.

	Cha	pter	7
	DISCLOSURE OF COMPENSATION OF ATTORNEY	FOF	RDEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorn that compensation paid to me within one year before the filing of the petition in bankrupi services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in is as follows:	cy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$	1,037.00
	Prior to the filing of this statement I have received	\$	1,037.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was:		
	✓ Debtor Other (specify)		
3.	. The source of compensation to be paid to me is:		
	✓ Debtor Other (specify)		
4.	I have not agreed to share the above-disclosed compensation with any other personassociates of my law firm.	n unle	ss they are members and
	I have agreed to share the above-disclosed compensation with another person or passociates of my law firm. A copy of the agreement, together with a list of the name compensation, is attached.		
5.	. In return for the above-disclosed fee, I have agreed to render legal service for all aspec	ts of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determined bankruptcy;	rminin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan which	n may l	be required;
	c. Representation of the debtor at the meeting of creditors and confirmation hearing, ar	nd any	adjourned hearings thereof;
	d. [Other provisions as needed]		
	Exemption planning; preparation and filing of reaffirmation agreements and applications. In addition to portion of fee paid as stated herein, the court's filing fee a party has been paid by client(s). Also, debtor have been advised they have no leg outstanding attorney fees owing at time of bankruptcy filing and that payments portion to provide funding for redemption with the payments of the pay	ind a d al obli ost-pe tion o	redit report fee for each gation to pay any tition are strictly voluntary.

B2030 (/ C ~ r r r	2020)		(4つ/4 圧)	٠
ロノいいい	. – 0	ZU.5U1	1	1//15	1

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

 04/05/2021
 /s/ Charles J. Kania

 Date
 Charles J. Kania
 Bar No. 20512

 Law Office of Charles Kania
 5319 S. Lewis Avenue, Suite 120

 Tulsa, OK 74105
 Charles@kanialaw.com

 Phone: (918) 743-2239 / Fax: (918) 743-2244

/s/ James Dewayne Johnson

James Dewayne Johnson

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к	evised	UZ.	/ Z		L

IN THE UNITED STATES BANKRUPTCY COURT

IN RE:	§
James Dewayne Johnson	§ Case No. :§§ Chapter: 7§
DEBTO	R(S) §
<u>VERIFICATION AS T</u>	O OFFICIAL CREDITOR LIST
☑ Original	
☐ Amendment ☐ Add	t □ Delete
	at the master mailing list of creditors submitted either on g System is a true, correct and complete listing to the best of my
hared responsibility of the debtor and the debtor's at	and completeness in preparing the creditor listing are the trorney, (2) the court will rely on the creditor listing for all ments required by the Bankruptcy Rules are not used for
	tor list, indicate <u>only</u> the number of creditors being added poses, attach a list of the creditors being submitted,
8# of Creditors (or if amended, # of c	creditors added)
Method of submission: a) ☑ uploaded to Electronic (b) Creditor List Submission	Case Filing System; or n application (to be used by Pro Se filers, found on the Court's
website at www.oknb,uscourts.gov, or avail	able in the Clerk's Office)
# of Creditors (on attached list) to be	deleted
/S/ James Dewayne Johnson Debtor Signature James Dewayne Johnson	Joint Debtor Signature
/s/ Charles J. Kania Counsel Debtors Charles J. Kania, OBA #20512 5310 S. Lawis Ava. Suita 120	Date: <u>April 5, 2021</u>
5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244 charles@kanialaw.com	[Check if applicable] Creditor(s) with foreign addresses included

Bridgecrest 7300 East Hampton Avenue Suite 100 Mesa, AZ 85209

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 802501 Cincinnati, OH 45280

LendingPoint LLC. 1201 Roberts Blvd Suite 200 Kennesaw, GA 30144

Oklahoma Tax Commission P.O. Box 26930 Oklahoma City, OK 73126

Recivable Management Services. LLC Attn: Bankruptcy 240 Emery Street Bethlehem, PA 18015

Santander Consumer USA Attn: Bankruptcy PO Box 961245 Fort Worth, TX 76161

F	ill in this inf	ormation to	identify your case:			e box only as direct	
D	ebtor 1	James	Dewayne	Johnson	form and	in Form 122A-1Sup	p:
		First Name	Middle Name	Last Name	☑ 1. There is	no presumption of abuse).
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name	of abuse	ulation to determine if a p applies will be made underst lest Calculation (Official F	der Chapter 7
U	nited States Ba	nkruptcy Court fo	or the: NORTHERN DI	STRICT OF OKLAHOMA		ns Test does not apply n	•
	ase number f known)					ed military service but it o	
					Check if t	his is an amended filing	
Of	ficial Form	122A-1					
Cł	napter 7 S	tatement o	of Your Current	Monthly Income			04/20
info are mil 122	ormation applie exempted fror itary service, c 2A-1Supp) with	es. On the top on a presumption omplete and file this form.	of any additional pages n of abuse because yo	eet to this form. Include the , write your name and case u do not have primarily cons ion from Presumption of Abo nCOME	number (if know sumer debts or b	n). If you believe that you cause of qualifying)U
1.	What is your	marital and filir	ng status? Check one o	nly.			
	⊘ Not mar	ried. Fill out Col	umn A, lines 2-11.				
	_	and vour spous	se is filing with vou. Fil	l out both Columns A and B, li	ines 2-11.		
	_			u. You and your spouse are			
	_			legally separated. Fill out bo		d B, lines 2-11.	
	dec	lare under penal	ty of perjury that you and	. Fill out Column A, lines 2-11 I your spouse are legally sepa that do not include evading th	rated under nonb	ankruptcy law that applie	s or that you
	bankruptcy of August 31. If in the result.	the amount of your point include a	§ 101(10A). For examp our monthly income variency income amount more	d from all sources, derived of le, if you are filing on Septembed during the 6 months, add the than once. For example, if because nothing to report for any leave	ber 15, the 6-mon ne income for all 6 oth spouses own t ine, write \$0 in the	th period would be March months and divide the to the same rental property, e space.	n 1 through otal by 6. Fill
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	-	/ages, salary, ti /roll deductions).	ps, bonuses, overtime,	and commissions	\$3,024.67		
3.	Alimony and if Column B is	•	ayments. Do not includ	e payments from a spouse	\$0.00		
4.	expenses of regular contributions your depende	you or your depoutions from an units, parents, and	e which are regularly poendents, including chi unmarried partner, memb d roommates. Include re not filled in. Do not inclu	Id support. Include pers of your household, gular contributions from	\$0.00		

Del	btor 1 James Dewayne Johnson	on		C	ase number (if k	nown)	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
5.	Net income from operating a busin	ess, profession, o	r farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00		_			
	Ordinary and necessary operating expenses	\$0.00	-	– Copy			
	Net monthly income from a business profession, or farm	, \$0.00		here	\$0.00		
6.	Net income from rental and other r	eal property					
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00		_			
	Ordinary and necessary operating expenses	\$0.00	-	– Copy			
	Net monthly income from rental or other real property	\$0.00		here	\$0.00		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you conte benefit under the Social Security Act						
	For you		\$0	0.00			
	For your spouse						
9.	Pension or retirement income. Do was a benefit under the Social Secur next sentence, do not include any co allowance paid by the United States disability, combat-related injury or dis uniformed services. If you received of title 10, then include that pay only amount of retired pay to which you wunder any provision of title 10 other t	ity Act. Also, except mpensation, pension Government in contractions ability, or death of any retired pay paid to extent that it doe to ould otherwise be e	ot as stated in the on, pay, annuity, on ection with a a member of the I under chapter 6 is not exceed the intitled if retired	e or 1	\$0.00		

Deb	tor 1	Já	ames De	ewayne Johi	nson			С	ase number (i	if kn	iown)			
									Column A Debtor 1		Column B Debtor 2 o			
10.	amou paymo declar (50 U. (COV huma pay, a conne memb	nt. E ents red b .S.C. ID-19 nity, annui ection	Do not ind made und by the Pre . 1601 et 9); payme or internatity, or allo n with a d	clude any bene der the Federa esident under the seq.) with respents received a ational or dome owance paid by iisability, comb	not listed above. If its received under If	er the Social en national gencies Activities disease r crime, a compensate Government disability,	al Security Act; emergency t se 2019 crime against tion, pension, ent in or death of a			_				
	Total	amo	unts from	ı separate pag	es, if any.			+		_	+			
11.	Add li	nes 2	2 through	al current moi n 10 for each co for Column A to		ımn B.			\$3,024.6	7	+	=	\$3,024. Total curren	— J t
P	art 2:	I	Determ	ine Whethe	er the Means 1	est App	lies to You							
12.	Calcu	ılate	your cur	rrent monthly	income for the ye	ear. Follow	v these steps:							
	12a.	Cop	oy your to	otal current mo	nthly income from	line 11			Сору	/ lin	e 11 here	→ 12a	\$3,024	.67
		Mul	Itiply by 1	2 (the number	of months in a yea	ar).							X 12	
	12b.	The	e result is	your annual in	come for this part	of the forn	n.					12b	\$36,296	.04
13.	Calcu	ılate	the med	ian family inc	ome that applies	to you. Fo	ollow these steps:							
	Fill in	the s	state in w	hich you live.			Oklahoma							
	Fill in	the r	number o	f people in you	ır household.		1							
	Fill in	the r	median fa	amily income fo	or your state and s	size of hous	sehold					13.	\$48,528.	.00
							using the link spece bankruptcy clerk's			te				
14.	How	do th	ne lines d	compare?										
	14a.				or equal to line 13.		p of page 1, check 22A-2.	box	1, There is no	pre	esumption o	f abuse.		
	14b.		Line 12	b is more than			1, check box 2, The	e pre	esumption of a	abus	se is determ	ined by F	Form 122A-2.	

ebtor 1	James Dewayne Johnson	Case number (if known)
Part 3:	Sign Below	
By si	gning here, I declare under penalty of perjury that th	e information on this statement and in any attachments is true and correct.
χ <u>/s</u>	/ James Dewayne Johnson	X
	/ James Dewayne Johnson mes Dewayne Johnson, Debtor 1	X
Ja		

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE:		§	
		§	Case No.:
	James Dewayne Johnson	§	
		§	Chapter: 7
		§	
	DEBTOR(S)	§	

SUBMISSION OF CERTIFICATE OF CREDIT COUNSELING

COMES NOW the Debtor, James Dewayne Johnson, by and through attorney, Charles J, Kania of the **KANIA LAW OFFICE**, and respectfully submits to the Court the following:

1. James Dewayne Johnson's Certificate of Credit Counseling.

WHEREFORE, Debtor prays that the Court attach this certificate to the filed Bankruptcy case.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239 Facsimile: (918) 743-2244

charles@kanialaw.com

Certificate Number: 15725-OKN-CC-035497537



CERTIFICATE OF COUNSELING

I CERTIFY that on March 24, 2021, at 8:14 o'clock PM EDT, James Johnson received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Northern District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date:	March 24, 2021	By:	/s/Tamara Basantes
	Ē	Name:	Tamara Basantes
		Title	Iccuar

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

FORM 1007-1F (10/07)

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OKLAHOMA

IN RE	Ε:	§
	James Dewayne Johnson	§ Case No.:§§ Chapter: 7§
	DEBTOR	(S) §
	PAYMENT ADVIOUS (NOTE: A separate form must be filed	CES CERTIFICATION d by each debtor in a joint case)
hours a	vidence of payment (such as paycheck str), a debtor shall file copies of <i>all</i> payment advices or abs, direct deposit statements, employer's statement of imployer <i>within 60 days</i> before the date the debtor filed as follows (<i>select one</i>):
		I with the Court, copies of all payment advices or other nployer(s) within 60 days before the petition date.
	Number of Payment Advices attac Period Covered: 2-5-2021 4-5-20 (If period covered	21 d is less than 60 days, attach an explanation.) cover the entire 60-day period, describe any "other
	have not yet located or obtained copies of	loyer(s) during the 60 days before the petition date but all of the payment advices. I understand that if I do not of payment within 45 days from the petition date, my
	Number of Employers: Period Covered: Number of missing Payment Advice Dates of missing Payment Advice	Number of Payment Advices attached:ices:
		other evidence of payment from any employer at any on date. (If you were employed, attach an explanation of ces from your employer.)
	I declare under penalty of perjury that th my knowledge, information and belief.	e foregoing statement is true and correct to the best of
Date: A	April 5, 2021 P	/s/James Dewayne Johnson rint name:James Dewayne Johnson

* In order to protect the debtor's privacy, all but the last four digits of the Debtor's social security number and financial account number should be redacted from any payment advice. References to dates of birth should contain only the year and names of any minors should be redacted or include only initials.

Respectfully submitted,

KANIA LAW OFFICE

/s/ Charles J. Kania

Charles J. Kania, OBA #20512 5319 S. Lewis Ave., Suite 120 Tulsa, OK 74105 Telephone: (918) 743-2239

Facsimile: (918) 743-2244 charles@kanialaw.com

Enc.

[8::-1]							
Customer Logo							
Can Be Added	Cor	nmunity Act	tion Res	ource & D	evelopmen	t,	
in This Space		73-0772528					
P.O. BOX 947							
707 W. LOWRY, SUITE	103						
Claremore	OK 740	18-0947					
Phone: (918) 341-5000 1	Ext 322						
Employee	ID	р	av Period F	rom: 02/28/202	1 to 03/13/2021		
JAMES D. JOHNSON		NSONJ	.,				
325 s Madsion Apt.B							
BARTLESVILLÉ, OK 7400	6						
	mber 03490	+ Earnings	- Deduct	ions - Tax 7.65 194.			
03/19/2021 210		1,396.00	22			3	
Familian Cada	Hourly			Year to Date Hours	Year to Date Amount		
Earnings Code HOLIDAY PAY	0.00	Hours 0.00	Amount 0,00	40.00	698.00		200
HOURLY WAGES	17.45	72.00	1,256.40	380.00	6,631.00		
OTHER HOURS (BAD	0.00	0.00	0.00	20.00	349.00		
WEATHER)							
SICK LEAVE EARNINGS	17.45	8.00	139.60	8.00	139.60		
VACATION HOURS	0.00	0.00	0.00	32.00	558.40		
		80.00	1,396.00	480.00	8,376.00		
					Year to Date		
Deduction Code		-	Amount		Amount		
ANNUITY 4%			55.84		335.04		
BI-WEEKLY DEDUCTED PI BI WEEKLY ACCIDENT	PO SEL		120.96 4.24		725.76 25.44		
BW-WEEKLY DEDUCTED O	CANCE		2.07		12.42		
BI-WEEKLY DEDUCTED D			5.27		31,62		
BI-WEEKLY DEDUCTED L			4.13		24.78		
BIWEEKLY OPTIONAL LIF			19.50		117.00		
BI-WEEKLY DEDUCTED V	ISION I		5,64		33,84		
CHRISTMAS FUND			10.00		60.00		
			227.65		1,365,90		
Tou Code		ED Amount	A manus:	Employer YTD Amount	Year to Date Amount	Year to Date Taxable Wages	
Tax Code Federal Withholding	-	ER Amount 0.00	Amount 67.89	0.00	408.10	7,211.88	
Medicare		18.24	18.24	109.44	109.44	7,546.92	
Social Security		77.99	77.99	467.91	467.91	7,546.92	
SWT-OK		0.00	30.00	0.00	180.00	7,211.88	8)
	-	96.23	194.12	577.35	1,165.45		
		Employer		Employer			
Benefit Code	_	Amount		YTD Amt			
4% TSA MATCH		55.84		335.04			H.
BI-WEEKLY PPO SELECT	-	217.04		1,302.24			
BW-WEEKLY CANCER/HR' BI-WEEKLY DENTAL INSU		6.22 15.81		37.32 94.86			8 8 5
BI-WEEKLY L&STD INSUR		12.39		74.34			
J. WEEKET ECCTO MOOK	_	307.30	9	1,843.80			

Ca	stomer Log n Be Addeo This Space	Con	mmunity Act		ource & D	evelopmen	t,	
	O. BOX 947 07 W. LOWRY, SU	ITE 103						
	Claremore	OK 740	18-0947					
F	hone: (918) 341-5	000 Ext 322						
Em	ployee	ID	P	ay Period F	rom: 02/14/202	21 to 02/27/2021	1	
325	MES D. JOHNSON Madsion Apt.B CTLESVILLE, OK		NSONJ					
Che	ck Date	Number	+ Earnings	- Deducti	ons - Tax	es = Net Pa	ıv	
	5/2021	2103179	1,396.00		7.65 194.			
		Hourly			Year to Date	Year to Date		
Farni	ngs Code	Rate	Hours	Amount	Hours	Amount		
	DAY PAY	17.45	8.00	139.60	40.00	698.00		
	RLY WAGES	17.45	62.00	1,081.90	308.00	5,374.60		
ОТН	ER HOURS (BAD THER)	17.45	10.00	174.50	20.00	349.00		
VAC	ATION HOURS	0.00	0.00	0.00	32.00	558.40		
		-	80.00	1,396.00	400.00	6,980.00		
						Year to Date		
Dedu	ction Code			Amount		Amount		
- 1	UITY 4%	•1		55.84		279.20		
	EEKLY DEDUCTE	ED PPO SEL		120.96		604.80		
	EEKLY ACCIDEN			4.24		21.20		
	WEEKLY DEDUCT			2.07		10.35		
BI-W	EEKLY DEDUCTE	ED DENTAL		5.27		26.35		
	EEKLY DEDUCTE			4.13		20.65		
BIWI	EEKLY OPTIONAL	. LIFE		19.50		97.50		
T. 19	EEKLY DEDUCTE	ED VISION I		5.64		28,20		
CHR	ISTMAS FUND		_	10.00		50.00		
				227,65		1,138.25		
41			2200 o 60	organización de la constante de	Employer	Year to Date	Year to Date	
Tax C			ER Amount		YTD Amount	Amount	Taxable Wages	
	al Withholding		0.00	67.89	0.00	340.21	6,009.90	
Medi			18.24	18.24	91.20	91.20	6,289.10	
	1 Security		77.98 0.00	77,98 30.00	389.92 0.00	389.92 150.00	6,289.10 6,009.90	
SWT	-OK	-	96,22	194.11	481.12	971.33	0,009.90	
1				194.11		7/1,33		
-			Employer		Employer			
	fit Code	-	Amount	-	YTD Amt			
	SA MATCH	com.	55.84		279.20			
	EEKLY PPO SELE		217.04		1,085.20 31.10			
	WEEKLY CANCER EEKLY DENTAL I		6.22 15.81		79.05			
	EEKLY L&STD IN		12.39		61.95			
BI-W	LLALI LOGIDIN		307.30	9	1,536.50			
				Taken				
Leav	e Code		Accrued	raken	Balance			

PO BOX 947 707 W. LOWRY, St. Claremore Phone: (918) 341-2 Employee AMES D. JOHNSON 25 3 Madsion Apt.B BARTLESVILLE, OK Check Date 12/19/2021 Immings Code DOLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS eduction Code NNUITY 4%	Con Inc. JITE 103 OK 740 5000 Ext 322 ID JOHN	# Earnings 1,396.00 Hours 0.00 70.00 10.00 80.00	8 Pay Period F - Deducti	rom: 01/31/202	21 to 02/13/2021 cs Net Pay		
P.O. BOX 947 707 W. LOWRY, St. Claremore Phone: (918) 341-3 Employee AMES D. JOHNSON 25 a Madsion Apt.B BARTLESVILLE, OK Check Date 22/19/2021 arnings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	Inc. JITE 103 OK 740 5000 Ext 322 ID JOHN 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	- 73-0772523 18-0947 + Earnings 1,396.00 Hours 0.00 70.00 10.00 0.00	- Deducti 227 Amount 0.00 1,221.50 0.00 1,396.00	rom: 01/31/202 2003 - Tax 2.65 194. Year to Date Hours 32.00 10.00 32.00	es - Net Pay 12 \$974.22 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
P.O. BOX 947 707 W. LOWRY, SL Claremore (918) 341-2 Employee AMES D. JOHNSON 25 a Madsion Apt.B BARTLESVILLE, OK Check Date 22/19/2021 Irnings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) RCATION HOURS eduction Code	Inc. JITE 103 OK 740 5000 Ext 322 ID JOHN 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	- 73-0772523 18-0947 + Earnings 1,396.00 Hours 0.00 70.00 10.00 0.00	- Deducti 227 Amount 0.00 1,221.50 0.00 1,396.00	rom: 01/31/202 2003 - Tax 2.65 194. Year to Date Hours 32.00 10.00 32.00	es - Net Pay 12 \$974.22 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
P.O. BOX 947 707 W. LOWRY, SL Claremore (918) 341-2 Employee AMES D. JOHNSON 25 a Madsion Apt.B BARTLESVILLE, OK Check Date 22/19/2021 Irnings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) RCATION HOURS eduction Code	74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00 0.00	- Deducti 227 Amount 0.00 1,221.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
707 W. LOWRY, SL Claremore Phone: (918) 341-2 Employee AMES D. JOHNSON 125 a Madsion Apt.B BARTLESVILLE, OK Check Date 12/19/2021 Irrings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER)	OK 740 5000 Ext 322 1D JOHN 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
707 W. LOWRY, SL Claremore Phone: (918) 341-2 Employee AMES D. JOHNSON 125 a Madsion Apt.B BARTLESVILLE, OK Check Date 12/19/2021 Irrings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER)	OK 740 5000 Ext 322 1D JOHN 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
Claremore Phone: (918) 341-2 Employee AMES D. JOHNSON 22.5 # Madsion Apt.B BARTLESVILLE, OK Check Date 12/19/2021 urnings Code DLIDAY PAY DURLY WAGES IHER HOURS (BAD EATHER) ACATION HOURS	OK 740 5000 Ext 322 1D JOHN 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
Phone: (918) 341-2 Employee AMES D. JOHNSON 25 s Madsion Apt.B 3ARTLES VILLE, OK Check Date 12/19/2021 rmings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	74006 Ext 322 ID JOH1 74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
Employee AMES D. JOHNSON 25 s Madsion Apt.B 3ARTLESVILLE, OK Check Date 12/19/2021 rrnings Code DLIDAY PAY DULLY WAGES THER HOURS (BAD EATHER) ACATION HOURS eduction Code	74006 Number 2102487 Hourly Rate 0.00 17.45 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
AMES D. JOHNSON 25 s Madsion Apt.B 3ARTLESVILLE, OK Check Date 12/19/2021 12/	74006 Number 2102487 Hourly Rate 0.00 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00	- Deducti 227 Amount 0.00 1,221.50 174.50 0.00	Year to Date Hours 32.00 246.00 10.00 32.00	es - Net Pay 2 \$974.23 Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
125 s Madsion Apt.B SARTLESVILLE, OK Check Date 12719/2021 Irmings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	74006 Number 2102487 Hourly Rate 0.00 17.45	+ Earnings 1,396.00 Hours 0.00 70.00 10.00 0.00	Amount 0.00 1,221.50 174.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
BARTLESVILLÈ, OK Check Date 12/19/2021 amings Code DUIDAY PAY DUILLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	Number 2102487 Hourly Rate 0.00 17.45 17.45	1,396.00 Hours 0.00 70.00 10.00	Amount 0.00 1,221.50 174.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
Check Date 22/19/2021 smings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	Number 2102487 Hourly Rate 0.00 17.45 17.45	1,396.00 Hours 0.00 70.00 10.00	Amount 0.00 1,221.50 174.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
nrings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	Hourly Rate 0.00 17.45 17.45	1,396.00 Hours 0.00 70.00 10.00	Amount 0.00 1,221.50 174.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
urnings Code DLIDAY PAY DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	Hourly Rate 0.00 17.45 17.45	0,00 70,00 10,00 0,00	Amount 0.00 1,221.50 174.50 0.00 1,396.00	Year to Date Hours 32.00 246.00 10.00 32.00	Year to Date Amount 558.40 4,292.70 174.50 558.40 5,584.00		
OLIDAY PAY OURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	0.00 17.45 17.45	0.00 70.00 10.00	0.00 1,221.50 174.50 0.00 1,396.00	32.00 246.00 10.00	Amount 558.40 4,292.70 174.50 558.40 5,584.00		
OLIDAY PAY OURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS	0.00 17.45 17.45	0.00 70.00 10.00	0.00 1,221.50 174.50 0.00 1,396.00	32.00 246.00 10.00	Amount 558.40 4,292.70 174.50 558.40 5,584.00		
DURLY WAGES THER HOURS (BAD EATHER) ACATION HOURS Eduction Code	17.45 17.45	70.00 10.00 0.00	1,221.50 174.50 0.00 1,396.00	246.00 10.00 32.00	4,292.70 174.50 558.40 5,584.00		
THER HOURS (BAD EATHER) ACATION HOURS	17.45	0.00	0.00 1,396.00	10.00 32.00	558.40 5,584.00		
EATHER) ACATION HOURS		0.00	0.00 1,396.00	32.00	558.40 5,584.00		
ACATION HOURS	0.00		1,396.00		5,584.00		
eduction Code	-		1,396.00		5,584.00		
	-	au.uu		320.00	767.75963.76		
	-		A mount		Year to Date	l l	
	•				Amount	P.	
		-	55.84	-	223.36		
-WEEKLY DEDUCTI	FD PPO SEL		120.96		483.84		6
WEEKLY ACCIDEN			4.24		16.96		
W-WEEKLY DEDUC			2.07		8.28	ŀ	
-WEEKLY DEDUCT			5.27		21.08		
-WEEKLY DEDUCT			4.13		16.52		
WEEKLY OPTIONAL			19.50		78.00		
-WEEKLY DEDUCT	ED VISION I		5.64		22.56		
HRISTMAS FUND		-	10.00		40.00 910.60		
			227.03				
x Code		ER Amount	Amount	Employer YTD Amount	Year to Date Amount	Year to Date Taxable Wages	
deral Withholding	= =	0.00	67.89	0.00	272.32	4,807.92	
edicare		18.24	18.24	72.96	72.96	5,031.28	
cial Security		77.99	77.99	311.94	311.94	5,031.28	
WT-OK		0.00	30.00	0.00	120.00	4,807.92	
	=	96.23	194.12	384.90	777.22		
		Employer		Employer			
enefit Code		Amount		YTD Amt			
6 TSA MATCH						1	
	-		-				
- " BERLI LOCOID II		201.20		1/24/10/20/20/20			
I- V	nefit Code 5 TSA MATCH -WEEKLY PPO SELI V-WEEKLY CANCEI -WEEKLY DENTAL	nefit Code	96.23 Employer Amount 5 TSA MATCH 5 TSA MATCH WEEKLY PPO SELECT 217.04 WEEKLY CANCER/HRT 6.22 WEEKLY DENTAL INSU 15.81 WEEKLY L&STD INSURANCE 12.39 307.30	96.23 194.12	96.23 194.12 384.90	96.23 194.12 384.90 777.22	96.23 194.12 384.90 777.22